

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S) 09/890810

CLAIMS

AS FILED.		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
TOTAL	<i>2</i>				
TOTAL DEPS	<i>2</i>				
TOTAL CLAIMS	<i>2</i>				

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
53			
54			
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100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			